TAX PARCEL NO. _____ PERMIT NO. _____ DATE: _____

City of Gluckstadt

APPLICATION FOR BUILDING PERMIT

Type of Permit:

____ Erection or Construction
____ Repair or Alteration
____ Demolition or Razing
____ Excavation or Site Work

Type of Structure:

New Residential Housekeeping Buildings
____ Single-family home
____ Multi-family home

New Residential Non-housekeeping Buildings
____ Hotels, motels, & tourist cabins
____ Other non-housekeeping shelter

Additions, Alterations, & Conversions
____ Residential (except garages/carports)
____ Non-residential & non-housekeeping
____ Additions of garages & carports

Demolitions & Razing of Buildings
____ Residential Structure
____ Commercial Structure

New Non-residential Buildings
____ Amusement, social, & recreational
____ Churches & other religious buildings
____ Industrial
____ Parking garages
____ Service stations and repair garages
____ Hospitals & institutional
____ Offices, banks, & professional
____ Public works and utilities
____ Schools & other educational
____ Commercial & storefronts
____ Other non-residential buildings
____ Structures other than buildings

Location:

Street Address _____
Lot No. _____ Block _____ Subdivision _____
Square footage of building _____ Current zoning _____
Cost of Construction $_____ Square footage for plan review _____

Location in Flood Zones:

____ Yes _____ No ***Note: If "Yes", a separate floodplain development permit will be required.*

OWNER'S NAME AND ADDRESS:

_____
_____
_____
Phone No. _____

CONTRACTOR'S COMPANY NAME AND ADDRESS:

_____
_____
_____
Phone No. _____

SUBCONTRACTOR'S COMPANY NAME AND SIGNATURE: **PHONE NO.**

Electrical _____ _____
Plumbing _____ _____
Mechanical _____ _____

I hereby certify that I am the owner, or the owner's agent for the purpose of applying for this permit, and the information set forth above is true and correct and the same may be utilized for all purposes, including tax assessment and levy. I understate that the building permit issued pursuant to this application is valid for six months after date of issuance.

_____ _____
Signature – Owner, Contractor, or Agent **APPROVAL OF PERMIT**

_____
Printed or typed name of person signing

For Internal Use Only

Total permit fee assessed: $_____ *Fees must be paid by cash or check.*